

<b>POLICY AND PROCEDURE MANUAL BUREAU OF QUALITY IMPROVEMENT SERVICES</b>		
<b>SUBJECT:</b> March, 2007 Bulletin		<b>CHAPTER:</b>
<b>SUBJECT NUMBER:</b>		<b>CHAPTER NUMBER:</b>
<b>APPLICATION:</b> <u>  X  </u> BQIS Field Service Offices <u>  X  </u> Ft. Wayne State Developmental Center <u>  X  </u> BQIS Central Office		
<b>INITIAL DATE OF POLICY:</b> 7/24/06		<b>REVISION/REVIEW DATE:</b> March 15, 2007
<b>REVISED BY:</b> Jennifer Woods		<b>APPROVED BY:</b> Peter Bisbecos <b>PAGE:</b> 1

## **DEATHS REQUIRING IMMEDIATE INVESTIGATION**

**Anticipated Effective Date:** Effective Immediately

### **I. POLICY/PURPOSE STATEMENT**

All deaths that meet the criteria of “deaths requiring immediate investigation” will be closely scrutinized by BQIS, with the investigation beginning when BQIS receives notice of the death.

This bulletin revises the Deaths Requiring Immediate Investigation Policy dated July 24, 2006.

### **II. DEFINITIONS**

Deaths requiring immediate investigation are those deaths of individuals with developmental disabilities who received services and satisfy one of the following criteria:

- Deaths of all individuals who transitioned from a state operated facility within one year of the death, regardless of cause of death;
- Deaths due to alleged, suspected, or known abuse, neglect, exploitation, homicide, or suicide; and
- Deaths due to pneumonia, aspiration, or sepsis diagnosed at admission, or within 2 days of admission to a hospital or nursing facility when admission is directly from a community placement.

### **III. REFERENCE**

460 IAC 6     Supported Living Services and Supports

### **IV. EXHIBITS**

Attachment A: Information to Copy for Deaths Requiring Immediate Investigation and Guidelines for Collecting Information

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V.     **PROCEDURE**

RESPONSIBLE STAFF/PERSON	ACTIONS
Indiana State Department of Health Designee	1. Within 2 business days of receiving the pdf.file including the notice of death from an individual who had been in an ICF/MR, a group home, state operated facility, nursing facility or hospital, ISDH will determine the level of scrutiny required, based on the details of the death and utilizing ISDH's standards (i.e., investigate within 2 business days, 10 business days, etc.)
	2. ISDH will notify the BQIS MRC Analyst/Coordinator, within those 2 business days, of its determination and the timeframe for ISDH surveyors going to home.
	3. If ISDH has collected the records, ISDH will fax or overnight copies to the BQIS MRC Analyst/Coordinator within 1 business day upon request from BQIS.
BDDS Service Coordinator	1. The BDDS Service Coordinator will visit the residence of the deceased individual and the office of the residential provider within 1 business day of notification.
	2. The BDDS Service Coordinator will follow guidelines in Attachment A for collecting information and speaking with the provider.
	3. The BDDS Service Coordinator will make copies of all appropriate records per Attachment A.
	4. The BDDS Service Coordinator, within 1 business day of obtaining the records, will notify the MRC Analyst/Coordinator via e-mail that copies will be coming; then the Service Coordinator will send copies of all records to the BQIS MRC Analyst Coordinator via overnight mail. <u>Exception:</u> Records with fewer than 15 pages may be faxed to BQIS.
MRC Analyst/Coordinator	1. The MRC Analyst/Coordinator, immediately upon receipt of the pdf. file that includes the notice of death, will forward the file to the Quality Liaison supervising the MRC Analyst/Coordinator, hereafter

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	referred to as the Reviewer.
	2. The MRC Analyst/Coordinator will also immediately forward the pdf. file to the Indiana State Department of Health (ISDH) if a death requiring immediate investigation occurred at a facility licensed through ISDH, such as an ICF/MR, state developmental center, group home, or nursing facility, etc.
	3. The MRC Analyst/Coordinator, after hearing from ISDH that they will not be going to the home within 10 days, will notify the appropriate BDDS District Manager regarding the need for a BDDS Service Coordinator to go to the home within 1 business day to collect the required records.
	4. The MRC Analyst/Coordinator will track information for a death requiring immediate investigation as it arrives in order to share that information quickly.
	5. The MRC Analyst/Coordinator, for SOF cases, will give a copy of all newly arrived information to the Reviewer and to the appropriate State nurse within 1 business day of receipt.
	6. The appropriate MRC Analyst/Coordinator will do an immediate investigation for all other deaths requiring immediate investigation (i.e., non-SOF deaths).
	<p>7. The reviewer may make recommendations to the director of BQIS and may communicate concerns about provider records that are inadequate to reach a conclusion regarding circumstances surrounding the death that would prompt the DDRS Director to suspend all placements to a provider in question for 30 days. The suspension of placements may be extended at the discretion of the DDRS Director to ensure resident health and safety, or due to incomplete corrective action or incomplete investigation. At the discretion of the DDRS Director, the suspension may be lifted prior to 30 days if the cause of death is identified and there is no fault or necessary corrective action has been taken. Such actions are taken pursuant to the authority of the DDRS Director as articulated in 460 IAC 6-7-4 and further detailed in the policy bulletin, dated June 21, 2005.</p> <p>If DDRS believes that a problem is systemic, at the DDRS Director's discretion, it may:</p> <ol style="list-style-type: none"> <li>a. investigate the provider's other supported and group living arrangements;</li> </ol>

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	<p>b. require systemic corrective action, and prohibit any placements to the provider until that corrective action is in place; and/or</p> <p>c. review placements to the provider that include a pre and post transfer survey, and offer training to all providers so that further injury or death may be prevented.</p>
	8. Any suspicions that abuse, neglect or exploitation may have occurred will be reported to APS/CPS within 1 business day (unless there is documentation to show it has already been reported).
	9. At any point during the review process, if issues or concerns that could affect other individuals still receiving services from the provider appear in the evidence, the MRC Analyst/Coordinator reviewing the file will immediately write preliminary findings and recommendations on what action(s) should be considered and submit this information within 1 business day to the Reviewer.
	10. If no issues or concerns arise that could affect other individuals still receiving services, the MRC Analyst/Coordinator will write his/her findings and suggestions when all information is in file and will then submit his/her findings, recommendations, and explanation that the case will be going to the Mortality Review Committee to the Reviewer, the BQIS Director/designee, and the BDDS Director immediately.
	<p>11. Once all actions with the case have been completed (including any actions by the Reviewer or those assigned by a Director), the MRC Analyst/Coordinator will complete the MRC process, as appropriate:</p> <ul style="list-style-type: none"> <li>• If ISDH has jurisdiction, close the case and assure referral to ISDH has been completed, including sending findings and recommendations of the reviewer(s).</li> <li>• If DDRS has jurisdiction, assign the case for the regular MRC review process.</li> </ul>
Reviewer State nurse	<p>1. The Reviewer and the nurse, within 1 business day of receiving the information, will schedule a meeting to discuss the cases and invite other members of a special review team. Other members may participate, as able, with the Reviewer and the nurse.</p> <p>2. The Reviewer and the nurse will discuss the SOF cases and collaborate on preliminary findings and recommended actions, incorporating findings and recommendations submitted by other</p>

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	members of the review team.
	3. As new information arrives concerning the death, the individuals performing the review will examine the supplementary information within one business day of receipt.
	4. The Reviewer will schedule additional meetings to review the case, if appropriate, as new information arrives.
	5. Any suspicions that abuse, neglect or exploitation may have occurred will be reported to APS/CPS within 1 business day (unless there is documentation to show it has already been reported).
	6. At any point during the review process, issues or concerns that could affect other individuals still receiving services from the provider appear in the evidence, the Reviewer will write the preliminary findings and recommendations based on input from the nurse and other review team members regarding what action(s) should be considered, and submit this information to the BQIS Director/designee and the BDDS Director/designee within 1 business day.
	7. If no issues or concerns arise that could affect other individuals still receiving services, the Reviewer will write the final findings and suggestions based on input from the nurse and other review team members when all information is in file. The Reviewer will then submit these joint findings and recommendations to the BQIS Director/designee and the BDDS Director.
	8. Once all actions have occurred, the Reviewer will give the case outcome information to the MRC Analyst/Coordinator to complete the MRC process, as appropriate.
Individual Assigned by BQIS Director	1. The assigned individual will complete the recommended actions within the timeframe assigned by the BQIS Director.
	2. The assigned individual will submit summary of actions and outcomes with the BQIS Director and the BDDS Director/designee within 2 business days of completing the case.
BQIS Director BDDS Director	1. The BQIS Director/designee will review all findings and recommendations in cooperation with the BDDS Director/designee to determine if the recommendations are appropriate.
	2. If the BQIS Director/designee and the BDDS Director/designee feel that further action <u>is</u> required, they will assign the appropriate

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	individual to complete the recommended actions within the timeframe determined by the BQIS Director.
	3. The BQIS Director in concert with the BDDS Director will determine when all assigned actions have been completed satisfactorily.
	4. If the BQIS Director and the BDDS Director feel that no further special actions are required or that the assigned actions are completed, the BQIS Director will notify the MRC Analyst/Coordinator, so the case can be scheduled to continue through the regular Mortality Review process.

### **ATTACHMENT A**

#### **INFORMATION TO COPY FOR DEATHS REQUIRING FURTHER INVESTIGATION**

**Current or most recent only:**

- D & E
- Behavior plan
- High Risk Plan, if any
- Health Care plan, if any

**For 6 weeks prior to death only:**

- Staff notes included in individual's file
- Med sheets
- Monitoring sheets (bowel movements, fluid in-put/out-put, seizures, vital signs, etc., as required for the individual)
- Nursing notes

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- Doctor visits, hospital discharge summaries, labs, x-rays, etc.
- Behavior documentation/notes

### **GUIDELINES FOR COLLECTING DEATH INFORMATION**

1. The purpose of this visit is only to make copies of the appropriate records, not to investigate the circumstances of the death.
2. Do not discuss the specifics of the death with anyone, including housemates, direct care staff, house managers, or agency administrators. Talking to these individual could adversely affect a later investigation by Indiana State Department of Health, the Bureau of Quality Improvement Services, or law enforcement.
3. Do not ask questions about the death.
4. If you have questions, please contact your supervisor.

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This notice requires no response and will not be open for comment.